

MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/65 4728

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 4 | | | | | |
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| 11 | 8 | | | | | |
| 12 | 8 | | | | | |
| 13 | 8 | | | | | |
| 14 | X | | | | | |
| 15 | X | | | | | |
| 16 | 8 | | | | | |
| 17 | 8 | | | | | |
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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 20 | | | | | |
| TOTAL CLAIMS | 21 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |